



**Town of North Hempstead**  
**Department of Building, Safety Inspection and Enforcement**  
210 Plandome Road, Manhasset, NY 11030-2327  
Tel. (516) 869-6311 Fax. (516) 869-7662 www.northhempsteadny.gov

Appl. Number: \_\_\_\_\_  
(Official Use Only)

Permit Number: \_\_\_\_\_

**FUEL OIL TANK REMOVAL, ABANDONMENT AND / OR INSTALLATION**

Supplemental attachment to applications for permits for fuel oil tank removal, abandonment and / or installation

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot (s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell # \_\_\_\_\_

e-mail \_\_\_\_\_ Fax # \_\_\_\_\_

Scope of work: \_\_\_\_\_

**EXISTING TANK(S) TO BE REMOVED INFORMATION (Indicate indoors or outdoors):**

Tank size 275 Gal \_\_\_\_\_ 550 Gal \_\_\_\_\_ 1,000 Gal \_\_\_\_\_ Other \_\_\_\_\_

Fill material: Sand \_\_\_\_\_ Foam \_\_\_\_\_ Concrete \_\_\_\_\_ Other \_\_\_\_\_ Removal \_\_\_\_\_

**PROPOSED TANK(S) INFORMATION:**

Tank size 275 Gal \_\_\_\_\_ Location: indoors / outdoors \_\_\_\_\_

550 Gal \_\_\_\_\_ Location: indoors / outdoors \_\_\_\_\_

1,000 Gal \_\_\_\_\_ Location: indoors / outdoors \_\_\_\_\_

Other \_\_\_\_\_ Location: indoors / outdoors \_\_\_\_\_

Please attach a copy(s) of the appropriate Nassau County Health Department tank removal or abandonment forms necessary for your individual case. Contact the Health Department at 106 Charles Lindbergh Boulevard, Uniondale, NY 11553 to understand which form(s) you need.  
Telephone: 516-227-9691 Fax: 227-9613

Attach a survey indicating the location of the proposed and/or abandoned tanks  
Provide setback to property line(s) for any new outdoor tank. Depending on location, protective bollards may be necessary for the safety and integrity of the tank.



## TOWN OF NORTH HEMPSTEAD

Department of Building, Safety Inspection, and Enforcement  
210 Plandome Road, P.O. Box 3000, Manhasset, NY 11030-2327  
Tel.: 516.869.6311 Fax: 516.869.7662  
[www.northhempsteadny.gov](http://www.northhempsteadny.gov)

---

Dear Homeowner / Contractor,

Please be advised, the **Abandonment or Removal of an Oil Tank** is regulated by Article XI of the Nassau County Public Health Ordinance. All abandonments/ removals must be performed in accordance with this regulation and proper notification must be made to Nassau County before beginning any work.

For additional information on this ordinance and the notification procedure, please contact:

Nassau County Health Department  
106 Charles Lindbergh Boulevard  
Uniondale, NY 11553  
Telephone: 516 227-9691

We appreciate your cooperation in this matter.

Thank you,

Town of North Hempstead  
Building Department

Nassau County Department of Health  
Small Facility/Homeowner Tank Abandonment  
Notification Form

Date of Job \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*All notifications must be received by  
NCDH 7 days prior to the date of the job  
accompanied by a fee of \$70.00 per tank.**

Contractor \_\_\_\_\_

Phone # \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Village \_\_\_\_\_ Telephone \_\_\_\_\_

Existing Tank Information:

Tank Size:

\_\_\_\_ 275

\_\_\_\_ 550

\_\_\_\_ 1,000

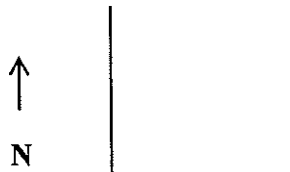
Fill Material:

\_\_\_\_ Sand

\_\_\_\_ Concrete

\_\_\_\_ Approved Foam

Tank Location Diagram:



New Installation:

Tank Size

Location

\_\_\_\_ 275

\_\_\_\_ Above ground on pad/containment

\_\_\_\_ 550

\_\_\_\_ Below ground

\_\_\_\_ 1,000

\_\_\_\_ Indoors

\_\_\_\_ Conversion to gas

A  
T  
T  
A  
C  
H  
  
C  
H  
E  
C  
K  
  
H  
E  
R  
E

**\*\*All removals/abandonments, installations etc. must be done in accordance with Article XI of the Nassau County Public Health Ordinance. This form is to be used only when the individual storage tank capacity is 1100 gallons or less.**

**PLEASE RETURN VIA U.S. MAIL to Bureau of Environmental Protection, Nassau County Department of Health, Attention: Article XI, 106 Charles Lindbergh Boulevard, Uniondale, N.Y. 11553. Telephone number: 516-227-9691.**

EDWARD P. MANGANO  
COUNTY EXECUTIVE



MARIA TORROELLA CARNEY, M.D., F.A.C.P.  
COMMISSIONER

**NASSAU COUNTY**  
**DEPARTMENT OF HEALTH**  
106 CHARLES LINDBERGH BOULEVARD  
UNIONDALE, NY 11553  
516 227-9691  
FAX: 516 227-9613

**BUREAU OF ENVIRONMENTAL PROTECTION**  
**AFFIRMATION OF NON-LEAKING TANK**

Re: \_\_\_\_\_

\_\_\_\_\_  
(Address)

I (we), \_\_\_\_\_ swear and affirm that I(we) own the above referenced property and that to the best of my(our) knowledge the underground tank and its associated piping used for storing oil solely for on-site space heating and/or water heating, located on this property, is not now leaking and has never leaked. **This form may not be used where there is any re-occurring accumulation of water in the tank.**

\_\_\_\_\_  
(Signature of Property Owner(s))

\_\_\_\_\_  
Affirmation must be received by NCDH  
seven (7) days prior to the date of the job.

Sworn to before me this:

\_\_\_\_\_ day of \_\_\_\_\_,  
date month year

**THIS FORM MUST BE SIGNED AND NOTARIZED BEFORE RETURNING VIA U.S. MAIL to the Nassau County Department of Health, Bureau of Environmental Protection, 106 Charles Lindbergh Boulevard, Att: Article XI, Uniondale, NY 11553**